

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/752,538		
	Filing Date	January 8, 2004	
	First Named Inventor	Larry TAYLOR <i>et al.</i>	
	Group Art Unit	3727	
	Examiner Name	Sue A. WEAVER	
Total Number of Pages in This Submission	14	Attorney Docket Number	29953-175016

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	VENABLE LLP	26694 PATENT TRADEMARK OFFICE
Signature		Ryan M. Flandro, Reg. No. 58,094
Date	April 24, 2006	

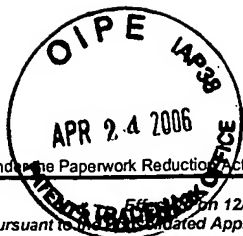
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on the date shown below"			
Typed or printed name			
Signature		Date	

**VENABLE**  
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, 22313-1450.

DC2DOCS1/744828v1



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/752,538
		Filing Date	January 8, 2004
		First Named Inventor	Larry TAYLOR et al.
		Examiner Name	Sue A. WAVER
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3727
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>150.00</b>
		Attorney Docket No.	29953-175016

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
31	- 28 or HP	3 x 50 =	150.00	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
3	- 3 or HP =	0 x 200 =	0

HP = highest number of total claims paid for, if greater than 3.

<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
	- 100 =	/50	(round up to a whole number) x	

<b>4. OTHER FEE(S)</b>	<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	58,094
Name (Print/Type)	Ryan M. Flandro	Telephone	(202) 344-4000
		Date	April 24, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. #744822v1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Larry TAYLOR et al.

Appl. No: 10/752,538

Filed: January 8, 2004

For: **MOLDED CONTAINER WITH  
BEADED NECK**

Confirmation No: 5153

Art Unit: 3727

Examiner: Sue A. WEAVER

Atty. Docket No: 29953-175016

Customer No:

**26694**

PATENT TRADEMARK OFFICE

**AMENDMENT**

***Mail Stop Amendment***

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

In reply to the Non-final Office Action dated January 24, 2006, Applicant submits the following Reply and Amendment. It is not believed that extensions of time or other fees are required beyond those that may otherwise be provided for in documents accompanying this paper. If, however, additional extensions of time are needed to prevent abandonment of this application, such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims or any other fee deficiency), are hereby authorized to be charged, and any overpayments credited to, our Deposit Account No. 22-0261. Please amend the application as follows:

**Amendments to the Claims** begin on page 2 of this amendment.

**Remarks/Arguments** begin on page 7 of this amendment.

04/25/2006 JADD01 00000101 220261 10752538  
01 FC:1202 150.00 DA